



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

FOREST PARK MEDICAL CENTER

Respondent Name

TASB RISK MGMT FUND

MFDR Tracking Number

M4-16-0374-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

October 13, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We are in receipt of the benefit payment for the attached claims. It is our understanding that benefits were significantly reduced due to Worker's Compensation Fee Schedule Adjustment.

According to Title 28. Insurance part 2. Texas Department of Insurance. Division of Worker's Compensation Chapter 134. Benefits-Guidelines for Medical Services, Charges, and Payments, Subchapter E. Health Facility Fees 28 TAC 134.403 and 134.404, we do not believe the reductions are justified. The payment rendered does not appear to be paid in accordance with the Texas Department of Insurance Medical Fee Guidelines. Justification of your reduction does not appear to have been provided to support your position that the underpayment is in accordance with the Fee Schedule guidelines.

Based on this information, we request that the claims be reprocessed and additional payments be issued."

Amount in Dispute: \$14,688.66

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The following is the Texas Association of School Boards Risk Management Fund's (the Fund) response to Forest Park Medical Center's request for fee dispute resolution.

The provider is disputing the amount reimbursed for the outpatient hospital bill. The provider indicated we underpaid the surgery portion of the outpatient hospital bill. Please see our response below:

- The original bill from Forest Park Medical Center was received on 11/24/14 and processed timely with a payment of \$4426.04.
- Forest Park Medical Center submitted a reconsideration with the same charges on 06/29/15. The reconsideration was processed timely with no additional reimbursement on 07/17/15
- Forest Park Medical Center submitted a request for Medical Dispute Resolution that was filed with DWC on 10/13/15.
- The provider had one year from the date of service of 10/7/14 to request a medical dispute resolution with the DWC per Rule 133.307 (c)(1)(A). The rule indicates a medical dispute shall be filed no later than 1 year after the date(s) of service in dispute. The provider did not file this dispute timely."

Response Submitted by: TASB RISK MANAGEMENT FUND

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 07, 2014	Outpatient Hospital Services	\$14,688.66	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 97 – Payment is included in the allowance for another service/procedure
 - P12 – Workers compensation jurisdictional fee schedule adjustment

Issues

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. 28 Texas Administrative Code §133.307(c)(1) states:

Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section.

(A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

The date of the services in dispute is October 07, 2014. The request for medical fee dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) Section on October 13, 2015. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	_____ 11/20/15 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.